PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

| INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notificat | form should be used to correspondence including d below or directed out ions. | or transmitting the ISS og the Patent, advance of nerwise in Block 1, by (| | | | | hould be completed where correspondence address as trate "FFE ADDRESS" for |
|---|--|--|--|--|--------------------|------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| 25235 | 7590 09/21 | /2009 | 1145 | | | - | |
| | | | | I hereby certify that this Feeds Transmistal is being deposited with the United States Postal Service with sufficient postage for first class mill in an envelope addressed to the Mail Stop ISSUE FEEL address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below | | | |
| DENVER, CO 8 | | | | | (Depositor's come) | | |
| | | | | (Signature) | | | |
| | | | L | | | | (Date) |
| APPLICATION NO. | PPLICATION NO. FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO | | CONFIRMATION NO. |
| 10/748,677 | 10/748.677 12/31/2003 | | Daisuke Baba | | VERC-003 1988 | | |
| TITLE OF INVENTION: APPARATUS AND METHOD FOR LINGUISTIC SCORING | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE TOTAL FEE(S) | | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1510 | \$300 | \$0 | | \$1810 | 12/21/2009 |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | 1 | | | |
| MEKY, MOI | USTAFA M | 2457 | 709-200000 | • | | | |
| Change of corresponde CFR 1.363). | ence address or indication | 2. For printling on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 HOGAN & HARTSON LLI | | | | | |
| Change of corresponded Address form PTO/SE | ondence address (or Cha V122) attached. | or agents OR, alternatively, | | | | | |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (2) the name of a single firm (having as a member a registered altorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE; (CITY and STATE OR COUNTRY) | | | | | | | |
| VERICEPT CORPORATION WALTHAM, MA | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🚨 Individual 🚨 Corporation or other private group entity | | | | | | | |
| 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously puld issue fee shown above) | | | | | | | |
| XX Issue Fee | | A check is enclosed. | | | | | |
| | o small entity discount p | Payment by credit ca | Tyment by credit card. Form PTO-2038 is attached. With Director is hereby authorized to charge-the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 30—1123—(enclose an extra copy of this form) | | | | |
| Advance Order - # | | | overpayment, to Depo | sit Account Number | \$50°-5 | (enclose ar | extra copy of this form) |
| 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). | | | | | | | |
| | Publication Fee (if reor | uired) will not be accepte | d from anyone other than | | | | e assignee or other party in |
| interest as shown by the i | 1 O | tes Pateik and Trademan | . Office. | | | | |
| Authorized Signature | | | | er 23, 200 | 19 | | |
| Typed or printed name Carol W. Burton Registration No. 35,465 | | | | | | | |
| This collection of information is required by 37 CFR 1.31. The information is required to obtain or retain a benefit by the public which is to file fault by the USFTO to process an application. Confidentially its general by \$3 U.S. C. 125 and 37 CFR 1.41. This collection be estimated to use 12 minutes to compiete, including adulticity and submitting the completed application form to the USFTO. Then will vary depending upon the individual case. Any comments on the amount of time you require to complete the publication form to the USFTO. Then will vary depending upon the individual case. Any comments on the amount of time you require to complete the publication of the USFTO. Then will vary depending upon the individual case. Any comments on the mount of time you require to complete the USFTO. Then will vary depending upon the individual case. Any comments of the you require to complete the USFTO. Then will vary depending upon the individual case. Any comments of the you require to complete the publication of the your transfer of the your transfer of the your transfer of your tran | | | | | | | |